

UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

FORM A
For use by Members, officers, and employees

HAND
DELIVERED

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George Miller
(Full Name)

202-225-2095
(Daytime Telephone)

(Office Use Only)

2008 MAY 15 PM 5:12
me

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representative	State: CA District: 07	<input type="checkbox"/> Officer Or Employee	Employing Office:
	Termination Date:			

Report Type	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination
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A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts-- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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BLOCK A Asset and/or Income Source <small>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.</small>	BLOCK B Year-End Value of Asset <small>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</small>	BLOCK C Type of Income <small>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</small>	BLOCK D Amount of Income <small>For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</small>	BLOCK E Transaction <small>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</small>
127 D St., SE, Washington D.C.	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
Calpine Corp.	\$1 - \$1,000		NONE	
SP Citicorp	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Congressional Fed. Credit Union, Savings Acct., D.C.	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP EMC Corp.	\$1,001 - \$15,000		NONE	
GE Interest Plus Savings Acct.	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	IRA Acct. - W.R. Hambrecht Company	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	
SP	IRA Acct. - W.R. Hambrecht Company	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	
	Pacificnet.com	\$1 - \$1,000		NONE	
SP	Sangamo Bioscience	\$1 - \$1,000		NONE	
	T. Rowe Price Media & Telefund	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	
	T. Rowe Price New Era	\$1,001 - \$15,000	CAPITAL GAINS	\$1 - \$200	
	Vodafone	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Wells Fargo S.I.F.E. (formerly Stock Fund S.I.F.E. Trust), Walnut Creek (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	

SCHEDULE V - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability
JT	Congressional Fed. Credit Union - Home Equity	Home Equity on 127 D St., SE, Washington D.C.	\$1,001 - \$15,000
JT	Citicorp	Mortgage on 127 D St., SE, Washington D.C. - Refinance	\$100,001 - \$250,000

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	Point of Departure-- Destination--Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program (Conf. Re: NCLB)	Feb. 20-25	Washington, D.C. - San Juan, Puerto Rico - Washington, D.C.	Y	Y	Y	None
AFL-CIO Lawyers Coordinating Committee	April 27	Washington, D.C. - Chicago - San Francisco	N	Y	N	None
Aspen Institute Congressional Program (Conf. Re: Political Islam)	May 28 - June 3	Washington, D.C. - Ljubljana, Slovenia - Washington, D.C.	Y	Y	Y	None
Aspen Institute Congressional Program (Conf. Re: Policy in Latin America)	Nov. 27- Dec. 2	San Francisco - Liberia, Costa Rica - Washington, D.C.	Y	Y	Y	None